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CONFIRMATION NO. 1667

|   |   |                                    |   |   |
|---|---|------------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/770,651  | <b>FILING OR 371(c) DATE</b><br>02/03/2004<br><b>RULE</b>   | <b>CLASS</b><br>324                | <b>GROUP ART UNIT</b><br>2858   | <b>ATTORNEY DOCKET NO.</b><br>DIETRICH, F-1 |
| <b>APPLICANTS</b><br>Frank Dietrich, Ostfildern Kemnat, GERMANY;  |   |                                    |   |   |
| <b>** CONTINUING DATA *****</b>   |   |                                    |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 103 04 794.8 02/05/2003<br>GERMANY 103 23 765.8 05/22/2003 <div style="float: right; margin-top: -40px;"> <i>1 for AD 12/21/2006</i> </div>   |   |                                    |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 05/01/2004   |   |                                    |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>AD</i> Allowance <i>AD</i> Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>22                   |
|   |   |                                    |   | <b>INDEPENDENT CLAIMS</b><br>1              |
| <b>ADDRESS</b><br>25889   |   |                                    |   |   |
| <b>TITLE</b><br>Electrically conducting, magnetic powder  |   |                                    |   |   |
| <b>FILING FEE RECEIVED</b><br>403   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |